

# THE VISITING NURSE QUARTERLY

NUMBER 100

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## The Visiting Nurse Association of Cleveland

501 St. Clair Avenue  
Telephones, Main-2175—Central-3602  
Hours, 8:30 a. m. to 5 p. m.

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This Association furnishes trained nurses free to all persons unable to pay for their services, and is supported entirely by voluntary contributions.

The nurses are for the use of the public, and it is desired that physicians and others interested in the sick, shall send for them.

This Association co-operates with all charity workers of the city, but no society or doctor has any special claim upon the service, unless special contracts are made for such service.

The nurses are expected to make such charges for services rendered as circumstances of the patients permit.

Each nurse is required to be on duty from 8 a. m. to 5 p. m., with one hour intermission daily except Sunday, and one-half day in the week.

Sunday visits are required only in severe, acute or operative cases where a day's absence would be a great disadvantage to the patient.

Nurses can be communicated with at their stations every morning at 8 o'clock and every afternoon between 12:30 and 1:30.

The maximum duration of a visit does not exceed forty-five minutes, except in extraordinary cases.

Only graduates of schools giving general training are eligible as visiting nurses.

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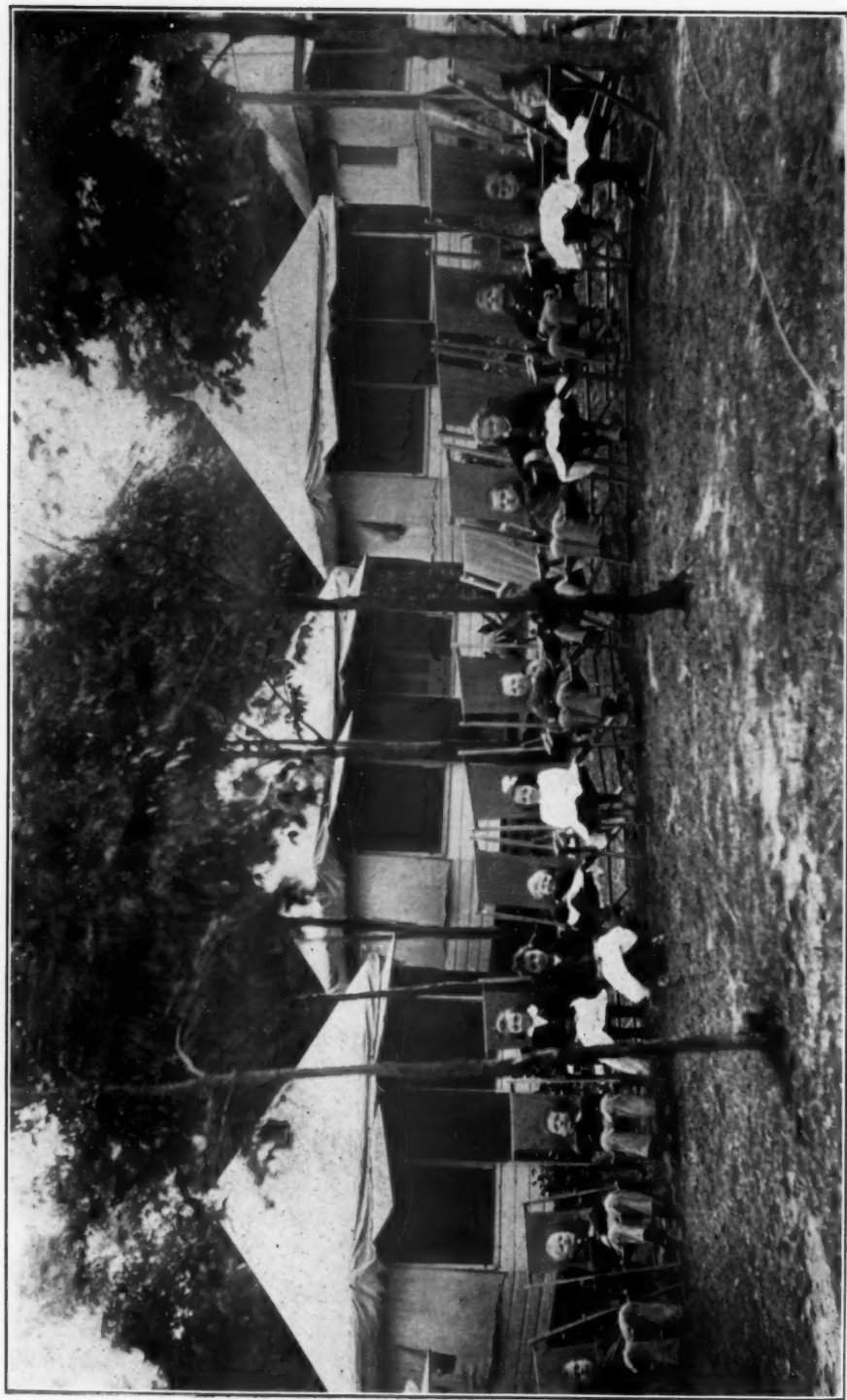
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WHAT LUCK TO BEGIN YOUR "CURE" EARLY, LITTLE ONES!

# The Visiting Nurse Quarterly of Cleveland

VOL. 1.

OCTOBER, 1909.

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## Editorial

We are sure that as you read our quarterly message to you this month you will perceive the immense significance of the Visiting Nurse in every department of this manifold organization against tuberculosis.

The family, the physician, the friends can, and often do, succeed in adjusting the many difficulties that beset the poor when they are attacked by the acutely contagious diseases or even the chronic non-infectious troubles, but when tuberculosis becomes established in a home or neighborhood the Visiting Nurse seems to us the one who can best establish her influence permanently in that home or neighborhood, and make of herself the medium through which all manner of benefits from individuals and organizations can reach the place and the family.

Tuberculosis is a house infection, the nurse is a house visitor. Tuberculosis does its worst work in the home and

the nurse is the one who must go there and fight it. She is wise and patient and long suffering, and it is only wisdom and patience and endurance that can rout tuberculosis from the home where it has entrenched itself.

We beg that you will carefully read the papers published in this issue and notice what a splendid co-operation of organized activities stands behind the nurse, and how completely each department of this organization honors her and looks to her to carry out its plans in the home.

Once again we would call your attention to the decision reached by the International Tuberculosis Congress of 1908. That is, that the most important thing for communities to do at this juncture of the world-fight against tuberculosis is to set apart and properly care for as many as possible of the careless open cases that are sources of infection in the homes.

We need a large and well equipped sanatorium. We also need some kind of a law that will enable the nurse to send contumacious and refractory consumptives to a sanatorium or tuberculosis hospital.

We give you this message in a most especial way from the Visiting Nurses. They are unanimous in their feeling, they wish to let you know that the struggle against tuberculosis is unnecessarily blocked because these two fundamental needs are not recognized and supplied.

As you read these words think a moment of your own family, your relations and your friends and notice how many among them suffer from some one of the forms of tuberculosis.

All these different ones of whom you think are victims of our individual and collective indifference concerning the disease and the measures which have been devised for its prevention, because if we resolutely set to work to understand the problem we would most certainly resolve it or come nearer doing so than is the case at present.

Our message then, from the nurses is: Please look into this matter and inform yourselves thoroughly about it, then we are sure you will understand the problem better and will be one with us in our plea for a well equipped sana-

torium and for some kind of legislation that will enable us to remove from the home a patient who is willfully careless about spreading the infection and who remains obdurate to all our remonstrances.

Of course to such a well equipped sanatorium by far the greater number of our patients would go cheerfully and willingly, but there will always be a small residue who remain deaf to all instruction, advice and long continued pleading and who as our laws now are can stay in the home and even openly state that they want to infect their families, and, what is still more curious, do quite resolutely carry out this morbid and unhappy intention.

For instance, if a man knows that he has an infectious case of consumption and the nurse tells him that he must not sleep in bed with his children, and goes still further and provides him with a separate place to sleep and enters into the matter not once with him but many times and he still insists in sleeping with these children—then as nurses we feel that you do not interfere with his rights by forcibly sending him to a sanatorium, but that you do interfere with the rights of the children by forcing them to contract tuberculosis.

And we are sure you will understand this if you will investigate the work of the nurses and learn how truthful is their presentation of this matter.

This issue of our Quarterly is a symposium and if you think it conveys a clear idea of the tuberculosis work as it exists in Cleveland, please ask others to read it also and help make for us that fund of public opinion without which all our investment of time and skill and patience is out at so low an interest that we ourselves, the workers, are discouraged and with which our efforts become a hundred fold more valuable and more serviceable to the community in which we live—in which you live.



## The Anti-Tuberculosis League of Cleveland

The Anti-Tuberculosis League of Cleveland arose from a parlor conference in the autumn of 1905, to which representatives of twenty or more educational and philanthropic societies contributed. This stamped the organization from the beginning as a co-operative one and as such it has remained. The development of the activities of the League show the value of this plan. This combined effort against a common peril is easier in the instance of anti-tuberculosis work than in any other, because almost all groups of people working for the public good feel its blight, and know the hopelessness of their single-handed conflict, consequently they gladly join in any united effort against it.

The Tuberculosis Dispensary which is always the center of a tuberculosis movement and which preceeded the organization of the League by one year, is now under the direction of a committee of the League and is the result of the co-operation of the Visiting Nurse Association, the Associated Charities and the Western Reserve University. It

was opened October 6th, 1904, and was the first social dispensary in the West. Its development has been constant, but the growth of the city demands that it multiply its stations and that it have other dispensaries in other parts of the city. By co-operating with Settlement Houses this may be accomplished, and is now under consideration. The dispensary receives, examines, treats and distributes patients, and supervises them in their homes. By means of the Visiting Nurse it comes in touch with the vital cause of tuberculosis and minimizes its pernicious effects. The children's clinic on Saturday is made possible by the Visiting Nurse who seeks and brings to the dispensary the children of tuberculous families for examination. The discovery through this clinic that 10 to 20 per cent of all children who live in tuberculous families have tuberculosis teaches incontrovertibly that the disease is the result of intimate association with consumptives. If every citizen were convinced of these facts he would do his part toward providing houses, schools and sanatoria for the sick and exposed, not only from altruistic motives but because he would know that in a community where the standard of precautions against this disease is low he, himself, and his own family are needlessly exposed, and run unnecessarily great risks of contracting tuberculosis.

The Tent Colony for tuberculosis children is another example of co-operation. The Fresh Air Camp provides the ground and defrays all expense not made by the *condition of tuberculosis*, such as nurse, teacher, special clothing, etc., which the League supplies. Neither organization thus materially increases its expenditure, while the result is most valuable.

The association of the Red Cross with the League in the placing of the money raised by the Christmas stamp is still another instance of the potency of co-operation. The two organizations united under the prestige and auspices of the Red Cross in the work of the committee that managed the sales of the stamps. The Visiting Nurse Association was also most active giving its rooms as a bureau for distribution, and pushing the sales, through the nurses, with vigor

and efficiency. The result of the sale of stamps has been the revenue for the furtherance of the tuberculosis movement in Cleveland during this year. Extensive co-operation would multiply this revenue several times. The assistance and generosity shown by many organizations at the first sale of the stamps revealed the great advantages of this combined endeavor.

The original aim of the League was educational. Its purpose was to enlighten the public on the extent and dangers of tuberculosis. It helped to reach the many charitable organizations through their representatives on its board and to secure their assistance for the sick who naturally fell under their sphere of influence. Its energy, however, pushed it from educational to practical measures, and as its income increases these will undoubtedly be extended.

The public has been reached through lectures and through the press, which has been very sympathetic. Last year 44 lectures were given to audiences varying in size from one to eight hundred people. The largest audiences were in the auditoria of the high schools. Lectures were given in schools, churches, libraries, factories and societies. Often they were illustrated with the stereopticon pictures and were always received with interest and attention. A tuberculosis exhibit was displayed through the winter at different times and places from a week to twelve days at a time. The attendance was most gratifying. This plan of a traveling exhibit, which is distinctly an American idea, has been extensively taken up and developed throughout the world. It should be enlarged here for its results are far reaching.

The work which the League has inaugurated would have been largely in vain had not the city opened two sanatoria for tuberculosis, one on Scranton avenue for the advanced cases and one at Warrensville for the incipient cases. To these two institutions many patients go from the dispensary. A definite percentage of the incipient cases have been cured. Larger, pleasanter, better installed and more convenient institutions are, however, needed. A place for the contagious and refractory cases is also a necessity. The organ-

ization for an anti-tuberculosis movement in Cleveland is complete, and embraces many of the active philanthropic associations of the city. It is ready for that expansion demanded by the wide extent of the disease which it combats. Much educational work has been done, and well done. There remain the material agencies for relief. The dispensary for prevention, the sanatorium for cure, and the Visiting Nurse for instruction in the homes are the three great powers in this increasing conflict. They constitute the temple around which assemble innumerable special agencies, such as organized charities, the guilds, the hospitals, churches, aid societies, fresh air camps, open air stations, forest schools, milk stations, roof gardens, instructive exhibitions, seaside stations, farm colonies, etc. The League aims to encourage all such associated aids, and considers them as component parts of the one co-operating whole which is necessary in every community in order that the time may come when we shall be a people without tuberculosis.

## The Tuberculosis Dispensary

ROBERT H. BISHOP, JR., M. D.

The Tuberculosis Dispensary of Cleveland, established October 6, 1904, is operated under the auspices of the Western Reserve University in conjunction with the Anti-Tuberculosis League, and with the special co-operation of the Visiting Nurse Association and the Associated Charities. The medical work of the dispensary is under the control and direction of Dr. J. H. Lowman, with the assistance of five physicians, four nurses and a clinic clerk. The administration of the dispensary is in charge of a board of five members, with Mr. W. Bingham, 2nd, as chairman. The dispensary is located in the Western Reserve Medical building, on the corner of St. Clair avenue and East 9th street. The rooms are furnished free of charge by the medical school. In addition the school furnishes heat, light, towels and a fund of \$300.00 for the purchase of medicines and other supplies.

The dispensary comprises a large waiting room, five examining rooms, an office, a store-room for supplies, a sterilizing room and toilet facilities. One waiting room is fitted up for nose and throat examinations, urine analysis and the administration of tuberculin and Von Pirquet and Moro tests. All X-ray work is done in the X-ray laboratory at Lakeside hospital. No sputum is examined in the dispensary. This work is all done in the City Laboratory by the city bacteriologist. The waiting room contains two rows of seats, one for men, and one for women, a number of small tables with small chairs for the children, scales, and a desk at which the patients register upon entering. On one wall of this room hangs a large map of the city, which by means of various colored pins serves to show the distribution of the cases that come to the clinic. The entire floor space of the dispensary is thoroughly mopped with strong disinfectants



DISPENSARY WAITING ROOM

after each dispensary period. The walls to a height of three feet, marked by a red line around the rooms, are washed twice a week. Once a month the rooms are disinfected by means of formalin gas under the direction of the City Health Department.

Four clinics are held each week, three for adults and one on Saturday for the children. As each new case enters for examination, the name, address and reasons for coming to the clinic are all recorded on the history card by the secretary of the clinic. The pulse, temperature, respiration and weight are taken and recorded by the nurse, then the patient is allowed to rest for a few minutes and is given a cup of milk to drink. A complete history is taken by the physician and a thorough physical examination then follows and is duly recorded.

If the case proves to be one of tuberculosis, the physician outlines the course of treatment to be followed out at home. The patient is instructed in regard to the value of fresh air, rest and proper food. He is made to understand that consumption is transmissible and that the safety of his own family and friends with whom he comes in contact, depends upon scrupulous care and watchfulness on his part. He is earnestly assured that with due regard for the rules and instructions that are given him, he may hope for marked improvement, and eventually recovery. Very little medicine is given out; the little that is dispensed consists mainly of cod liver oil, a simple cough remedy, and, in some cases, a tonic. The nurse then gives him a sputum bottle which is to be returned in the morning, a roll of paper napkins (200,000 were given out last year), and paper bags with instructions as to their use. Pamphlets with printed instructions and words of good cheer (these are printed in five different languages) are given him, he is told when to return, and is dismissed. Former patients are examined on an average once a month, re-examination depending upon temperature, loss or gain in weight and the general condition of the patient.

So far, so good. The casual observer might well scoff

and say, "Oh, yes, it is all well enough for you to sit here and tell that poor chap, who, perhaps has a wife and babies, to buy milk and eggs, to sleep out of doors, to quit work, and to do nothing but get well. How do you know that he will do one thing different from what he did before?" You are right, our time would be all but wasted, little would be accomplished, if our efforts ended here; but the splendid co-operation of the Visiting Nurse Association and the Associated Charities makes it possible to go further and complete the good work begun in the dispensary.

The dispensary has in its employ four nurses supplied by the Visiting Nurse Association, one of whom has entire charge of a certain group of cases classed under the head "Special Case." A full account of this work is to be found elsewhere in this number. The first duty of the other nurses, besides helping to conduct the clinic, is to visit immediately each new case in the home. The purpose of this visit is to make sure the patient has understood and is carrying out the directions given him in the dispensary by the physician; to urge the rest of the family to come to the dispensary for prophylactic examination, and to investigate thoroughly the home conditions. Notes are made on the condition of the house, the number of rooms, the family income, the number in the family, and, recently, in the case of foreigners, the length of time in this country, the name of the steamship on which they came and the port and date of landing. Such information can frequently be obtained upon the first visit more readily and easily than at any other time. In case the patient is subject to deportation, the information necessary for the government officials to proceed with the case is at hand.

It is the hard working, conscientious nurse who really deserves the most credit for the wonderful progress made in the fight against tuberculosis in the last decade. It is the nurse who teaches the patient how to be careful with his sputum, instructs him in the use of paper napkins and bags, shows him how things can be arranged so that more fresh air may be obtained, instructs him in regard to diet and exercise, and then by her weekly or monthly visit cheers him, en-

courages him, and makes it possible for him to continue the fight. The nurse not only gives the patient instructions but she sees that they are carried out. If the patient is careless about his habits, he is reported to the Health Office, and while there is no law governing such a case, often a heart to heart talk with a health official will do wonders. If there is no room which the patient can occupy alone, the case is taken up by the Special Case Committee, and a porch is built or a tent supplied. If there is not the proper food, the aid of the Associated Charities is enlisted and milk and eggs are supplied. If, as is too often the case, the invalid is the wage-earner, the support of friends, lodge members and the church is enlisted. Moreover, the nurse must see that the patient returns to the dispensary for further examination. Each Monday morning, the cases are gone over and those that have not appeared for examination when they should have done so, are assigned to the various nurses for investigation and are urged to return. In some cases when they refuse, the aid of the Health Department is again enlisted with the result that they make a prompt appearance.

During the year 1907-1908, there were 5438 visits made by the three nurses then employed. In the year 1908-1909, with the addition of the nurse for the special cases, there were 7736 visits made. In the year 1907-1908, 578 new cases were examined at this dispensary. The clinical attendance was 2249. In the year 1908-1909, there were 869 new cases and the clinical attendance was 4002. Thirteen per cent of these new cases were positive, showing bacilli in the sputum, 42 per cent of them were suspected cases, and must be kept constantly under observation, 68 of these cases were referred to the Warrensville sanatorium, 50 were sent to the City Hospital and 31 children were sent to the Tent Colony for the summer.

The Tuberculosis Dispensary is far beyond the experimental stage; it has demonstrated the great need of such an institution. With its force of trained physicians and nurses and the co-operation of the various charities, it has become a power in the betterment of the social and hygienic condi-

tions of this rapidly growing city. Just think what it means to every man, woman and child in this city to have educated one single consumptive, when it is known that in twenty-four hours, billions of bacilli are expectorated by a single patient! Think of the chance for infection! Last year there were 698 deaths from tuberculosis alone in this city. It is estimated that there are no less than 10,000 cases of tuberculosis in this city today.

The Dispensary has done a grand good work. Through it thousands are helped each year, but the time has come when its activities should be extended. We must have branch dispensaries in various parts of the city. The large increase in the attendance at this dispensary shows the need of others. There are whole sections of the city, densely populated, which are scarcely represented in its attendance. Located as it is, it necessitates long hard trips on the cars for patients living at a distance. We must have evening clinics. Many cases go long periods of time without examination because they cannot leave their work during the day. We must have more medical assistance in the examination of cases. We must have a larger corps of nurses to assist in locating those affected and to minister to the patients in their homes. We must make a greater effort to induce the other members of the patient's family to come for examination. We must have greater accommodations for the incipient and advanced cases. We must have a great outburst of public sentiment against this fatal, and at the same time easily controlled, disease.

Every city in the land is waging war against tuberculosis; the people are being educated, the schools are being more rigidly inspected, hospitals and sanatoria are being built, tenements are being torn down, streets are being cleaned, and every effort is being used to eradicate the disease. Cleveland has taken a place in the front rank in this work. Whether such a place shall be maintained depends upon every individual citizen. There is a duty before everyone. Are you shirking yours?

## Family and Children's Clinic

### II.

Two years ago, at the suggestion of Dr. Lowman, a family clinic was opened in the dispensary. Too little attention had been paid, up to this time, to the examination of the children, and little was known as to the prevalence of tuberculosis among them. A careful study of one hundred cases in whose families there was tuberculosis, disclosed the astounding fact that, while apparently healthy, 10 per cent of the children were tuberculous, and that at least 10 per cent more were suspicious. In view of this evidence it was decided to devote the entire clinic period on Saturday afternoon to the examination of children. A well organized effort has been made to have each child, in whose family there is tuberculosis, brought to the dispensary for examination.

The last year there were 198 and this year 259 new cases examined. The infected cases return regularly for treatment and supervision. The others return at intervals of six months or a year. This summer there have been 31 positive cases cared for at the Tuberculosis Tent Colony. They have made a marked improvement. The remainder have been treated at home. Some of them improve, some of them do not. Living, as the majority of them do, in families where there is constant danger of reinfection, it is surprising that any of them show improvement at home.

In order to obtain the best results children should be in a camp or sanatorium or open air school where they can be in the open air constantly, and have proper food and careful and intelligent supervision at all times; all of which is impossible in the average home.

The Tuberculosis Tent Colony cares for twenty children for six months out of the year. The sanatorium at Warrensville cares for a limited number in the course of the year. The open air school is a dream of the future. There is urgent demand for a greater development of the work along this line.

## The Tent Colony for Tubercular Children

By P. W. HARVEY

In the administration of the Tuberculosis Dispensary no difficulty has been encountered so great as a disposition of the cases which come under its observation. Physicians could not be blamed for losing interest, nor nurses for becoming discouraged, when the day's clinic or round of visits brought to view patients for whom no more could be done than to re-examine, where there was small hope to find change except for the worse, or to repeat instructions already so often given.



Warrensville Sanatorium takes as many of the curable cases as it can hold, and the City Hospital's Sanatorium on Scranton Road is constantly full. By no means are all cases requiring treatment or isolation thus cared for. The multitude of the tubercularly infected remain at work or in their homes—unfortunate in their own condition and ignorant of the dangers that radiate from it.

With the class of patients that appear at the clinics of the Tuberculosis Dispensary education as to the care of themselves and the protection of others must necessarily be a wearisome task. The Visiting Nurse is the natural medium for its transmission. She is surrounded with difficulties. Her patients speak languages which she does not know; they have been bred in disregard of hygienic methods of life; they have been unwisely advised or encouraged; they are constantly moving, as sickness lowers them financially; they are obstinate against the belief that a disease, which does not for months render work impossible, should require so orderly a life; they cannot afford the expense of eating or sleeping as so often must be recommended.

It is unfortunate that there can be no, even approximate, measure of the great value of what she accomplishes, because to strive without results stifles ambition. For her and for the dispensary physicians there should be supplied the stimulus of more instances among the patients of a definite progress toward recovery.

Partly for these reasons, partly because there was no place in the city where children could be cared for who were suffering with tuberculosis of the lungs, partly to fortify the dispensary records with actual and accurate figures as to the results possible among children that it might with force appeal to the community for the support of such a colony on a larger scale, there was planted in the fall of 1907 on an isolated hill of the Children's Fresh Air Camp property an experimental group of eight children. The weather permitted of only a two-month's trial that year, but medical examinations at the end of even so short a period showed the necessity of a larger equipment for the next year. Provision was accordingly made for twenty. This is probably the limit that can be cared for on so small a piece of ground.

The treatment is fresh air and proper food—nothing more, if we except an insistence on regular habits. The results are perhaps more astonishing to the physician than to others, but the layman has a measure of what has been

done in the fact that the twenty children now at the camp have gained 125 pounds since June.

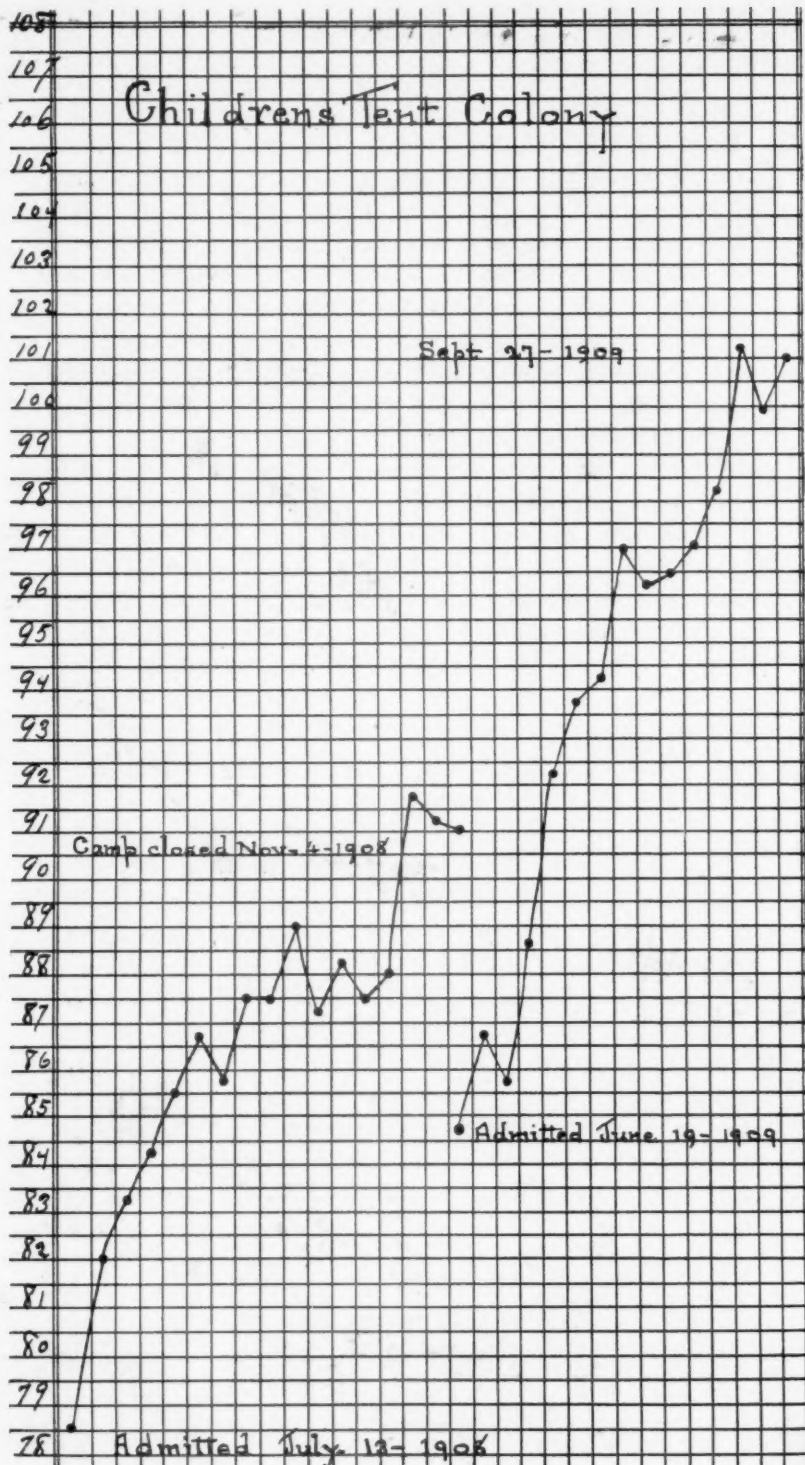
It is almost true that they *live* out of doors. The tents in which they sleep, two in each, are so open as to be little more than a shelter from the weather. The room in which they eat is open to the air on three sides.

The camp is supplied with a nurse and an assistant, a cook, a laundress and a chore boy. With the regime insisted upon it could hardly be operated with fewer attendants, certainly not with safety.

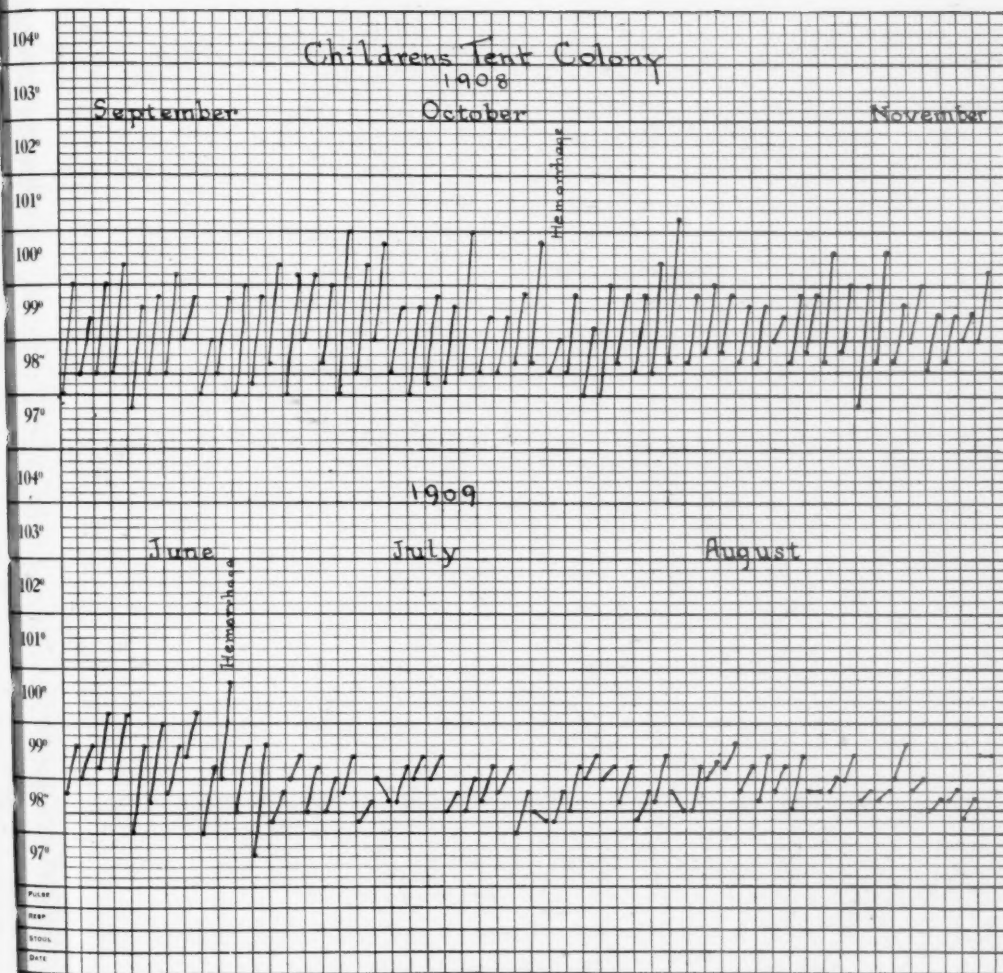
The endeavor has been toward an absolute isolation of patients from attendants at points where infection might be carried. The children eat in a separate room, from dishes which do not leave that room or the adjoining pantry where they are sterilized after use. Their bedding and clothes are put into water immediately after use, and are washed and cared for separately from other articles. Tent floors and floors and walls of other buildings are regularly scrubbed. Children are not permitted in the kitchen or laundry and the cook and her pots and pans do not appear in their dining room.

Daily weight and temperature charts are kept and inspected weekly or oftener by the visiting physician.

It has naturally been difficult, in so circumscribed a space, to find employment and variety sufficient to keep such a colony happy and orderly. Lacking a proper disposition in the nurse herself it would be impossible. There must be occasional turmoils among twenty children about half and half boys and girls and ranging in age from five to fifteen, but they have been gradually reduced to a minimum by efforts to keep them occupied. A teacher has been employed for three hours each morning of the week, who has worked wonders among a set of youngsters naturally backward on account of the irregular school attendance which their illness has caused—an irregularity, by the way, which is perhaps fortunate for other pupils. This little group would make an excellent nucleus for the out-of-door school, which, it is to be hoped our school board will provide for tubercular



Weight chart of one of the Tent Colony patients, showing the marked gain during the last 56 days of camp life, the loss of weight during the winter months at home, and the steady gain upon a return to the camp.



The temperature chart of the same patient, showing the gradual return to normal as the patient improved under the fresh air treatment.

Can you study these charts and question the need of a year-round camp for such cases?

children, in imitation of those which have proven so successful in Boston, in Providence and elsewhere.

Besides the schooling the children have been occupied with flower-gardening, with chicken raising, and the boys an afternoon a week with carpentry under the generous direction of Mr. Wyllie.

After lunch each day there is rest for an hour in the steamer chairs, while someone reads aloud and the girls do sewing or kindergarten work.

There must be inspiration to any teacher in the excitement and interest with which these children pursue their small tasks; there is proof, in an unexpected direction, to any financial supporter of the camp that, apart from the lung improvement which he cannot actually view, his investment is earning a return, if he will look over the exhibition of spelling and writing efforts which decorate the dining room walls.

It is not, however, solely for the purpose of occupying the children that study and other forms of employment have been introduced into the camp, but rather because we feel, for children placed in our care, a responsibility for improvement not physical alone. We have taken them, it is true, primarily for the betterment of their lungs, but we try to see also that the necessary dentistry, for instance, is done or other similar defects properly cared for. But further than that we try to send them back to their homes at the end of the season with something of a wider and more cheerful view than that with which they came, with minds somewhat better prepared to retain and use the instructions so necessary to their continued improvement.

It is sad that there should be an end to the season for this work. The season should not end till a cure is effected. A cure is possible in every case now at the camp, but with cold, inclement weather these children must be sent back to their homes and there during the winter they will slowly lose much of the ground gained in the last four months. We should be supplied with funds sufficient to keep open the year round. There would then be no work to be done over.

Three of the original eight children we had again at the camp all last year, and they were found in such condition this spring that another season has been necessary.

What is required is an equipment for winter work as well as summer; an equipment that will permit of caring for a hundred children instead of twenty; an equipment that will include accommodations for the increasing number of patients now coming to the dispensary for examination and instruction, who are in such circumstances as to be able to pay at a sanatorium, but who are not able to add the expense of a long journey, and who on the other hand are unwilling to accept the free treatment possible at the Warrenton Sanatorium. This class has been increasing steadily during the past two years, perhaps as a result of the general interest throughout the country in this subject. They need what we should be able to give—a place where they can be cured. Such a class could be economically provided for in connection with a children's sanatorium, as none except curable cases should be accepted in either group.

## Special Case Committee

BY LEONORE BLACK

In Cleveland many cases come to the Tuberculosis Dispensary that require more care and thought than it would be possible for a dispensary to give. Sometimes more frequent visits are required than the busy nurses have time to make; often there are difficult problems concerning the family, perhaps purely social in their nature, which must be solved before the cure of the patient can be begun. It was for the purpose of considering these patients that the Special Case Committee of the Tuberculosis League of Cleveland was formed in August, 1908.

Because of the nature of the work it was thought advisable to make the committee a particularly strong one, and to include in its membership persons having widely different points of view and varied experience in social work.

The directing physicians of the Tuberculosis Dispensary, and of the Babies' Dispensary and Hospital, a representative from the Associated Charities, one from the Visiting Nurse Association and the City Health Officer, were among the members which also included several laymen possessing sympathies or influence which would be of value to the committee and having in common with the others experience and sound judgment.

The Committee meets regularly each week at eleven o'clock on Thursday morning and disposes of the entire service of one nurse who sits in council with it and who is one of its strong members. The directing physician of the Tuberculosis Dispensary brings with him to each meeting a list of cases which have been reported to him by the general nurses of the dispensary because their treatment of these cases is blocked by some unusual difficulty—some difficulty which they have neither the authority, the time nor the means to resolve. These cases one by one are laid before the Special Case Committee and each point is carefully considered

and freely discussed. The discussion is characterized by great frankness and thoroughness. A conclusion is reached as to the preliminary steps to be taken in the case and the nurse who is herself a part of this assembly goes away from the meeting provided, not only with a list of "special cases," but with the advice and support of several strong organizations. The chairman of the committee keeps a list of these special cases and the secretary of the committee keeps exact records of each successive measure prescribed and of each step taken by the special nurse. Each Thursday the nurse returns to the committee and describes the way in which she has followed out the instructions of her board of advisors and what has resulted from the application of their theories and of the moral and material aid which they have given. Every case comes up each week in its historical order and the discussion of no case is dropped until the difficulty, because of which the case was referred to *special case care*, has been solved. As soon as the difficulty is done away with the case is closed and turned back to the care of the regular dispensary nurses.

The funds for the work of this committee are supplied by the Anti-Tuberculosis League. The broadest co-operation is sought with all the agencies for relief in the city. The Associated Charities, the City Relief Department, Hebrew Relief and the Humane Society contribute toward the care of families found to be within the scope of their activities, and thus the actual expenses of the committee are reduced to a comparatively small amount. Beyond the nurse's salary, expenditure for tents sent to patients undergoing home treatment, and the cost of board for those children whose mothers are in sanatoria, there are few items on the expense account of the committee.

During this past year eighty cases have been considered. Of these cases the children of the Tent Colony form by far the most hopeful group. They are sent home in October, much improved, with a good chance of recovering entirely, if only they are cared for during the winter and not allowed to lose the summer's gain, through the long months of bad

weather and indoor living. But it must be constantly borne in mind that they do not return to homes that are bright, clean and sunny, with ample room for all the needs of an invalid, and a mother who has time and strength to give them the care they ought to have. A few crowded rooms, many children, a tired overworked mother, that is the home to which these little patients return. The dispensary nurses couldn't begin to find time to visit these children as often as is necessary, but the special case nurse can and does. She encourages and cheers patient and mother, insists that the doctor's instructions be carefully obeyed, the window tent properly adjusted and continuously used, and urges constant care in protecting the other members of the family from infection. Were it not for her faithful visits the Tent Colony children during the past year could not have had so encouraging a winter, as most of them had.

"The campaign against tuberculosis," it has been said, "concerns everything relating to the physical, mental and material status of the family." The truth of this statement has been born in upon the committee many times.

Sometimes the special problem presented by a family is the need of general encouragement. Perhaps a good cleaning of the home, a new oil cloth on the floor, better food, will so brighten the whole atmosphere of the home that the patient will feel cheered, and home treatment will be persisted in with renewed energy—and complete cure be possible. Sometimes better positions are found for the wage earners and the conditions so much improved thereby that a mother who couldn't have left her family before could now go to Warrensville for treatment, without anxiety weighing on her mind and retarding recovery. Where the father of a family is the patient the question of the support of the mother and children has to be met. If possible the mother is persuaded to move near to a day nursery and to leave the children there while she works. If not, a neighbor is found to care for the children, the committee defraying the expense.

The most difficult cases during the past year have been those of parents who were too ill to be at home and yet who

refused to go to a sanatorium. In this class was the father of a family, who met all the suggestions of the nurse with a determined "no." He was very ill, and very careless of infecting his home, but he would not go to a sanatorium, nor allow his family to move to the neighborhood of a day nursery, nor go back to his native land, which the committee suggested as a last report. He insisted on staying at home and caring for his children while his wife went to work, heedless of the fact that his presence was a constant menace to his children. He had that attitude toward tuberculosis which still lingers, in spite of all that has been done to spread the knowledge of the truth; the attitude expressed by the indignant patient who said to the nurse, "Why it ain't small pox!"

The most difficult and discouraging part of the committee's work lies in dealing with people of this class, who either through ignorance of the nature of their illness, or indifference to the danger of others, refuse to make any effort to ameliorate the condition of themselves or their families. After months of persistent effort the nurse was successful with a few such families. Often ignorance and obstinacy prevailed.

If it is found that a patient can be cared for in his native town, and thus be prevented from becoming a public charge, every effort is made to send him to his home. One man went back to Hungary, through the Hungarian Consul, whom the committee interested in him; and several others were sent to various cities near by. Several persons were engaged in occupations where there was especial danger of spreading infection, such as dish washing and cooking. These had to be persuaded to take other positions, which were found for them. One patient was about to engage as a wet nurse, and was with difficulty induced not to attempt to do so.

A young ambitious boy was working more than eight hours a day although he was under legal age. His father had tuberculosis and he was helping his mother to support the family. The committee were able to interest a number

of people in his story, and the outcome was a school pension for him.

Very sad have been the hopeless cases that have come to the committee. For these nothing can be done, except to give them a more humane and closer supervision than they could otherwise have, and to guard those around them as much as possible from infection. In contrast to these are the patients who are improving rapidly and who have been given books to keep in which they record their daily condition.

## The Question of Maintenance of Tubercular Families

BY JAS. F. JACKSON

The treatment and cure of the tuberculous is peculiarly one of co-operation. The name "League" accurately indicates the method of its founding. It began with the dispensary for medical treatment, the sanatorium for institutional care, the Visiting Nurses for home care, and the Associated Charities for responsibility of family maintenance, until the patient recovered or died.

As always, the city provides coal and a part of the staple groceries. There is some other aid, still the burden of maintenance is borne by the Associated Charities. There are now 105 tuberculous families under their care. They are to aid the family to make the best of its own resources, to develop and stimulate its latent capacity for self-help, to search out relatives or friends who can help, and to make the best use of the material aid donated for consumptives.

These are important duties, but it still remains for the Associated Charities to secure clothing, food, rent, sundries, and especially milk and eggs for the afflicted. Milk and eggs being essentials of treatment, the physician makes requisition for them, and the Associated Charities always honors the orders. Here again is co-operation, for so far as possible milk is purchased from the Milk Fund Association. The exceptional co-operation with the Visiting Nurses also comes into play, for the nurses see that the best use is made of both milk and eggs, while in turn the Associated Charities' agents support the nurses campaign for ventilation and healthful habits.

The following are not rare occurrences, but the commonest experiences:

A family consisting of a man, wife and two very small children was reported to us by the Tuberculosis Dispensary last December. The man was tuberculous and appeared to

be in a hopeless condition. They lived with the father's large family until a shut-down which deprived the father of his work. We then moved the family to a new location, secured work for the wife, and have since provided them with such essentials as they were unable to procure themselves. Now, as the man is also working, it is only necessary for us to provide milk and eggs.

Another instance:

A foreign family consisting of man, wife and three children, the oldest being a girl of four, was brought to our attention. After the man had vainly tried doctors, medicines and hospitals, he brought up at home where the Special Case Committee provided him with a tent. The Associated Charities secured work for the wife, also milk, eggs and plenty of nourishing food for the man. He is steadily recovering under this treatment.

Shall these and similar men and women be allowed to relapse for the Associated Charities' lack of funds necessary to provide their peculiar sick diet, as well as to give the assurance of their families' support. Support through imperative for its own sake, also gives the pathological effect of assurance to the patient. No patient can worry and recover at the same time.

Money and a good supply of warm clothing are needed at this time.

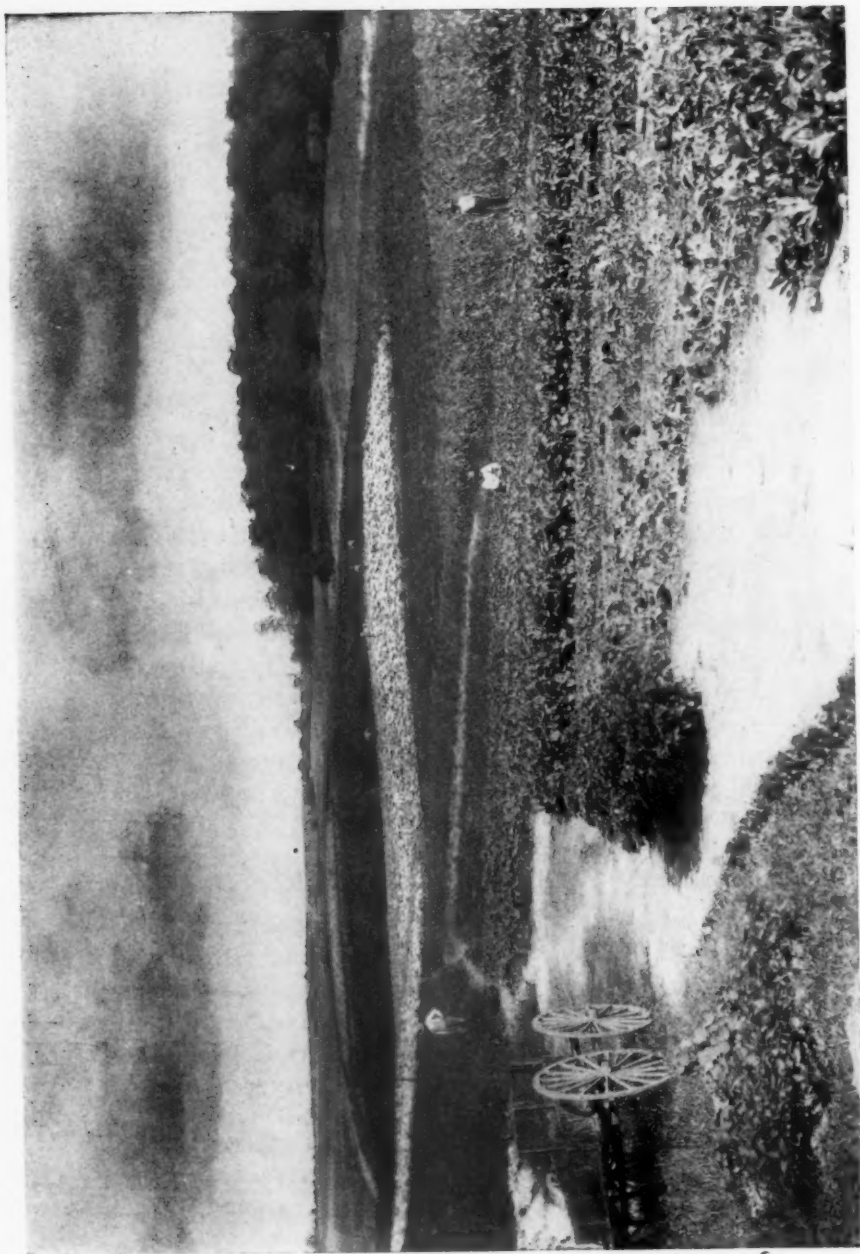
## The City of Cleveland and the Conflict with Tuberculosis

HARRIS R. COOLEY

The city opened its first sanatorium for tuberculosis patients on October 3rd, 1903. Located on the hospital grounds on Scranton Road, it overlooks the Cuyahoga Valley. At first there were comparatively few patients, as the people seemed afraid to enter a tuberculosis hospital for treatment, but the number of patients gradually increased to the limit of the capacity of the building. We were thus enabled to remove our tuberculosis patients from the wards of the City Hospital where they had been kept. In all 2,015 patients have been treated in the Scranton Road Sanatorium. At the present time there are 60 men and 13 women.

This work had been so important and successful that it was determined to provide for a sanatorium at the Warrensville Farms. The high altitude, six hundred feet above the city, offers an attractive location. No bonds could be issued for permanent buildings, so with the small amount of money on hand one of the farm houses was remodeled and a frame building for a hospital, a large sun room, and three lean-tos were constructed. On July 30, 1906, all of the patients at the Scranton Road Sanatorium were removed to the group of buildings at the farm. At that time it was expected that this group would accommodate all of our patients. With the removal to the farm, the demand for the outdoor treatment became so great that it was found necessary to re-open the sanatorium in the city. Since that time both of the sanatoria have been filled to their capacity. The incipient cases are cared for at Warrensville and the more advanced cases at Scranton Road.

At the sanatorium at Warrensville there have been in all 873 patients. At the present time there are 45 men and 29 women. On January 1, 1909, the physician in charge re-

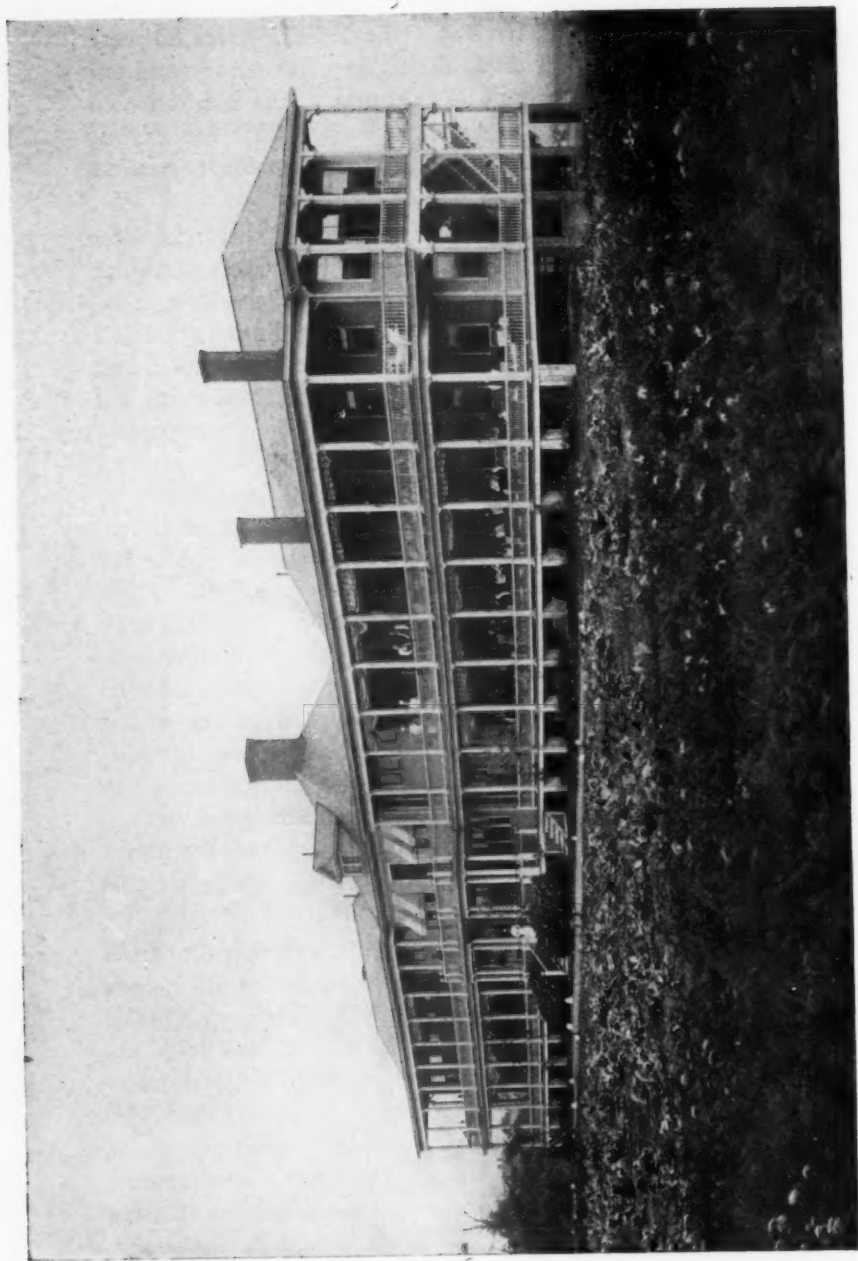


THIS BEAUTIFUL SITE IS AWAITING A CITY SANATORIUM.

ported that there had been 616 patients treated. Of these, 401 were reported as arrested or improved. Over 80 were reported as cured. This work has been temporary and experimental because of lack of funds, but it has demonstrated the possible efficiency of a larger work which the city of Cleveland ought to undertake for the unfortunate victims of tuberculosis.

The Overlook Farm, of five hundred acres, the most beautiful portion of the two thousand acre tract of land at Warrensville, has been set apart for a tuberculosis sanatorium. The proposed site of the new buildings is 600 feet above the city and is protected on the north and northwest by a forest of seventy acres, while on the east and south and southwest it looks down over miles of surrounding country. The plan is to build a group of buildings of mission style of architecture, similar to the other groups on the farm. The building will be so constructed that the incipient cases will be entirely separate from the more advanced cases. It will mean hope, strength and life to hundreds who must otherwise grow weaker and weaker and die. The buildings should have accommodations for four or five hundred patients. The great farm will give them opportunity for outdoor life. The taking of tuberculosis patients out of the crowded habitations of the poor and thus removing the danger to the living, would justify this work. When we add to this the fact that many of those afflicted with the disease in its earlier stages can be cured and made again into useful members of society, the demand for meeting this problem in a large and efficient way seems irresistible.

The only thing which has hindered the municipality from entering upon this earnest conflict with the white plague has been the lack of funds. On April 20, 1909, the people of the city had an opportunity to vote for a bond issue of \$250,000 to build a sanatorium at Warrensville. A large majority voted in favor of the bonds, but unfortunately the state law required that there should be two-thirds majority and for this reason the bond issue failed. Many who were against this movement or had taken no especial interest in it, have



SCRANTON ROAD SANATORIUM.

since expressed themselves as now willing to vote for such a bond issue. Undoubtedly an opportunity will again be given for such a vote. If such a bond issue carries, a new sanatorium on the magnificent site at Warrensville will become an accomplished fact. Cleveland will be doing her part in the great world wide struggle with the white plague. The desire for protection from the dread disease and the humane desire to help and cure the sick, both of these will give strength and favor to the movement.



## The Red Cross Christmas Stamp

BY LIVINGSTON MATHER

The sale of the Red Cross Christmas stamp in Cleveland during the holiday season of 1908, was very successful in every way. This success was due to the enthusiasm and persistent energy of those who worked for it. There were about a hundred and fifty of whom we have record, who served on various committees to aid in the sales. Of these one hundred and fifteen were volunteer lay workers, sixteen were telephone girls and the balance were nurses.

The plan on which the sale was conducted is briefly as follows: A chairman of sales was appointed and a sales committee. Each member of the sales committee was chairman of a sub-committee. A committee was appointed to canvas the office buildings, and one to canvas schools, hospitals and churches. The town was then divided geographically into four parts, the business center, and the East, South and West Sides and a committee took charge of each. Later it was found advisable to form an extra committee to canvas various institutions other than schools, hospitals and church, and an extra committee was also formed to handle the out-of-town sales, the final plan comprising the above mentioned eight committees with their respective sub-com-

mittees. This plan worked out very well, there being a few small overlappings, but no considerable duplication of work.

In the down town districts nurses with the Red Cross uniform were very successful in their sales during the final two weeks. Very valuable services were rendered by the Bell Telephone Co. during the last week before New Year, which enabled the committee to dispose of a large part of their stamps. Sixteen telephone girls in the various exchanges called up everyone in their districts who had the Bell Telephone and succeeded in getting orders for 184,000 stamps which were mailed to the various people and 159,000 of which were paid for by mail.

The total result of the campaign was the sale of over a million stamps, the cash receipts being \$10,022.55, making a net profit (after deducting the cost of the stamps to the local Red Cross Association and the expenses for posters, etc.) of \$9,017.66.

This money has been turned over to the Anti-Tuberculosis League of Cleveland and is now being used under their direction in conducting a fresh air camp and dispensaries for the curing and preventing of tuberculosis in and around Cleveland.

In return for these funds the Anti-Tuberculosis League have agreed to place at the disposal of the Red Cross, their organization, including the services of nurses and doctors, in case of any local disaster in the relief of which the Red Cross felt called upon to aid.

The Red Cross stamps are, therefore, now securing the threefold object for which they were designed.

First. To build up an organization which would be available immediately by the Red Cross Society in time of emergency.

Second. To relieve the country from the ravages of the great white plague.

Third. To spread knowledge of the Red Cross Society, its aims and its work throughout the country, and by so doing, enlarge its membership and strengthen it.

# Tuberculosis Registration, Disinfection, Notification, Legislation

BY STARR CADWALLADER

## Registration

The regulations of the Board of Health include tuberculosis among the communicable diseases. They also make it the duty of every physician, surgeon, nurse, midwife, or any other person attending any case of communicable disease to report the same to the Health Office.

From June 1, 1907, to October 1, 1909, 5433 cases of tuberculosis were reported. This number includes those cases which become known only on the filing of the death certificate. Of the remainder 3963 cases came through the Tuberculosis Dispensary, a considerable number from district physicians, and the balance from individual practitioners. Tuberculosis is now generally designated as a communicable and preventable disease. It is not, however, regarded as are other dangerous communicable diseases. The obligation when a case is discovered, if recognized at all, is quite commonly thought to be on the side of concealment. The assumption is that when a case is so far advanced as to be hopeless, it may be reported. It would seem that in any municipality a really effective plan for preventing the spread of this ever-increasing scourge should have as a first essential the knowledge of existing conditions. This knowledge to be of real value must include a record of every known case which should show the name, location and occupation and give some information in regard to the surroundings and care. The importance of reporting and registering cases merits much more attention and emphasis than it has yet received. Philanthropic agencies and organizations can render excellent service by using their influence for the creating of favorable public opinion, for in this, as in many other

matters, the attitude of health authorities is of little consequence without the hearty support of people generally.

### **Disinfection**

The Health Department now disinfects after every reported death from tuberculosis. Opposition is often encountered, and this does not come as much from the poor and the ignorant as from the prosperous and supposedly intelligent.

Frequently those who rent expensive apartments seem to think that their special brand of diseases is peculiarly harmless. Disinfection after tuberculosis should be considered as necessary as after a case of any other communicable disease.

### **Notification**

Requests are sometimes made for disinfection after removal, and as a rule such requests are complied with although they may be based on information no more definite than an unusual occurrence. If tuberculosis is a house dweller and apartments in as sanitary and safe condition as possible. They ask not only for disinfection but seek advice in regard to renovation and cleaning. This is most encouraging and should become a common practice rather than an unusual occurrence. If tuberculosis is a house disease, it is highly important that disinfection, renovation, and cleaning should extend to all infected premises. Only then can disinfection become a factor of any consequence in prevention. It is quite as essential that the health department be notified of every removal as that cases should be reported.

Registration, notification, and disinfection must go together to be of the greatest worth.

### **Legislation**

A speaker at a recent meeting of the National Association for the Study and Prevention of Tuberculosis said:

"Instead of creating new laws, what we want is to create public sentiment which will insist upon the enforcement of laws already existing."

This is an excellent program where the necessary laws

do exist. In Ohio it might be well to try a few additions to the law and see if public sentiment would not follow. The regulations referred to at the beginning of this article are enactments of the local board of health and not state legislation. Even so they are defective in two points of great importance. Notification of removal is not required and no authority is given the health officer to place and keep in a hospital a tuberculosis patient who persists in conducting himself so that he is a menace to others. It is true that the health officer may, under the general powers granted for the protection of the public health, remove a patient to a hospital, but if that patient is able to walk he has no power to keep him there.

Another speaker at the meeting of the National Association mentioned above had this to say:

"No educational work can avail which does not contemplate the control of tuberculosis. It is worse than folly to educate people with reference to the cause of tuberculosis unless measures of prevention are simultaneously established. So long as people suffering from tuberculosis are permitted to go whither they please without hindrance or record, that long will this dreadful disease continue to perpetuate itself."

Tuberculosis is not a matter of private, individual concern. It is of vital public concern.

The time has arrived when, either by local regulation or by state statute, some limit should be set to the possibility of infection by the ignorant, the irresponsible, or the perverse. In this legislation the law passed by the legislature of New York last year might be taken as a model, as it contains the best features of other enactments which had been put in operation up to the time of its passage.

## News Notes

**Dedication of the New State Sanatorium.**—The State Sanatorium at Mt. Vernon will be dedicated October 27th. This occasion gives opportunity for a meeting of the State Tuberculosis Society, and it is hoped that all those interested in the problem which the sanatorium will assist in solving, will be present. The program of the meeting includes a public function at which Governors Harmon, Herrick and Harris will assist, and addresses by Dr. William Charles White, of the Pittsburg Tuberculosis League, Dr. Probst, secretary of the State Board of Health, and Dr. Lowman, president of the society.

**Speaking Statistics**—In England 25 years ago 45 people out of every 10,000 died of tuberculosis each year. In Cleveland 15 out of 10,000 die each year. With systematic effort that would be reduced to one-half.

**A Course of Lectures on the Law and the Social Worker.**—A series of lectures on "The Law and the Social Worker" is in course of preparation by Mr. F. B. Kavanaugh, assistant general agent of the Humane Society. As lawyer and as social worker, Mr. Kavanaugh will be well able to present his subject in the most helpful manner. The following is an outline of the subjects to be comprised in the lectures:

1. The Law as the Social Worker Should Know it.  
One lecture.
2. Elementary Law and the Necessity for Legal Remedies. One lecture.
3. The Law of Domestic Relations. Three lectures.
  - (a) Husband and Wife,
  - (b) Parent and Child,
  - (c) Guardian and Ward,
  - (d) Master and Servant,
  - (e) Landlord and Tenant.

4. The Law of Public Health and Sanitation. Two lectures.
5. The Law of Crime and Torts. Three lectures.
6. The Law of Procedure and Evidence. Two lectures.

**Vacation School Nurses.**—Two vacation school nurses were employed by the Board of Education to go into the buildings where vacation schools were in session.

3592 Inspections of pupils were made.

259 Visits were made to the homes of pupils, where instruction, advice and treatments were given.

The work covered a wide territory reaching pupils from schools not provided with a nurse during the regular school year. It is interesting to note that in the fifth grade of one of the schools, showing an attendance of 33 in the room, 50 per cent of the children were over 12 years of age; 79 per cent of these were addicted to the habit of coffee drinking. Under the advice and influence of the nurse, 50 per cent of the children gave up the habit. One boy gave up the cigarette habit.

**Fresh Air Work.**—One thousand six hundred and thirty-five recommendations were made by Visiting Nurses to the office of the Fresh Air Camp during the summer. The total applications received from all sources were 2061. It took 4126 visits to the homes to select the most needy and deserving ones. A list of children who need further attention and instruction during the winter has been given to the nurses in the districts, also a list of children whose physical examination indicated adenoids and enlarged tonsils.

The Mothers' Camp, on the grounds of the Fresh Air Camp and under the direction and care of the Visiting Nurses, was the beginning of a most needed and long felt want. At this camp some attempt was made to teach the mothers hygiene in the home, personal cleanliness, care of the baby, etc.

**A Course of Lectures in Practical Sociology.**—A course of lectures will be given at Goodrich House by Prof.

Cutter, of the Western Reserve University. Among the topics to be considered will be:

- Housing Conditions and Problems.
- Milk Supply.
- Treatment of Tuberculosis.
- Public Baths.
- Medical Inspection in the Schools.
- Work of the Visiting Nurse Association.
- Convalescent Homes and Dispensaries.
- Neighborhood Centers.
- Playgrounds and Athletic Fields, etc.

The course also includes a series of special lectures by persons from New York, Boston, Chicago, and elsewhere. Seven nurses from the Visiting Nurse Association have already enrolled for the course.

**A Medal for the Anti-Tuberculosis League.**—In this number of the Quarterly there will be found a photograph of the medal awarded by the International Tuberculosis Congress of 1908, to the Anti-Tuberculosis League of Cleveland.

The co-operative form of organization of the league has been very highly commended. It is not a league of individuals only but a league of organizations. Not a bundle of faggots but a bundle of bundles of faggots.

**Public and Private Sanatoria.**—In Germany there are 99 public sanatoria for adult consumptives with 10,539 beds, besides 36 private sanatoria with 2,175 beds. In 18 sanatoria for children with tuberculosis there are 837 beds, a total of less than 13,000 beds. In the United States there are over 300 sanatoria with over 15,000 beds, showing that this country is in the lead in the anti-tuberculosis war. France has only 12 sanatoria for adult consumptives, with a total capacity of 148 beds. All of these institutions are private except the sanatorium at Agincourt.

**Loss to the Country from Tuberculosis.**—On the basis of 150,000 deaths yearly from tuberculosis in the

United States the National Association for the Study and Prevention of Tuberculosis computes that there are 684,934 persons constantly sick with this disease. Allowing only \$500 as the average earnings of the workingman who dies, the annual loss to the country from the ranks of labor alone, is over \$114,000,000 each year.

**Improper Breathing** is a frequent cause of consumption. A large majority of people are too lazy or too ignorant to breathe deep, and hence the lungs are developed only to part of their capacity and thus afford fertile field for the growth of the tuberculosis germ.

**Prevalence of Tuberculosis.**—According to tests made recently on 728 children from the tenement house section of New York City, 28 per cent showed signs of tuberculosis either of the joints, glands or lungs.

**Red Cross Xmas Stamp.**—The campaign for the sale of the new Christmas stamp in 1909, the design for which is given above, will begin early in December, and it is hoped to realize even a larger sum from it this fall.

## Stories Told by the Nurses

### A Human Sacrifice



I knocked but there was no response. The shutters were closed and the house was mute. A few feathery cosmos, their bright heads tossed about in the cold fall rain, offered the only sign of life. I turned to go away and then I saw her coming up the street, a lonely figure, pathetic in its attempts at mourning; the mother of the girl who had died of tuberculosis a few days before.

She shivered as she turned the key in the lock.

"I can't stand it to be in this place no more since my girl has gone away. All day

I go from von room to anoder und it seems dat I mus' find

her und all night I vake minself up und say, 'Yes, my darling, I am comin', und den I know dot she vill neffer call me no more. I mus' go away from dis place aber I mus' go to mine girl.

"Anyting dat anyvon could effer do, I did for her, und den ven she vas dead she was buried mit music und girls in white and I paid for her coffin twenty-five dollars. But all dis is noding if only I could haff mine girl back vonce more!"

Truly it seemed as though she must be here somewhere, that almost any time the door might open and we would hear her voice.

Over in the corner her dolls sat in a solemn row. Here on the table was a book that she especially liked, and her picture postcard album left open where she had put in the last one. And on the mantel, between the Japanese fan and the blue china dog, was a picture of herself as she looked just before she was taken sick, plump and rosy and bright-eyed.

The mother's eyes were on this picture, too.

"Anyvon could tell you dat she vas neffer sick, not von day since she vas little baby till she got dis sickness. Always she vas bright und laughing. Ach, how I loved mine girl! Und she loved me, too. She mus' always be mit me. She neffer liked it to be away.

"Ve did not always live here. Ve haff only been here since last May ven she first had dis sickness. Ve had such a fine place before. Just a little place but it vas always clean, mit white curtains, und many vindows, not dark like dis. Ve were so happy, but happiness does not last so long.

"Mine girl, she did not go to school too much. She say she vould rather stay mit me. But von day she see in de paper how a voman vanted a young girl to do little housework und take care of a little baby. So she thought she vould like to do dis. She say she didn't like dat I should vork so hard. She mus' help a little too. So I say 'alright, my darling, ven you vill.'

"Und dey vas good to her und she like dis place so much.

"Den de voman vot owned de house vere ve lived, said to me dat ve mus' move. She wanted to live in dis place herself. So I find dis place. Und Katy said to me, 'Mama, I vill come home und help you move, for I am young und strong.'

"Und she vas looking so vell. She had not von sick day.

"So she come home und I feel so bad, for if she had not come home I vould haff mine girl now.

"I can not explain it to you. It makes me sick ven I try to tell how much dirt vas in dot house. In effery corner vas dirt dat had been dere long time, und old rags in effery place. Upstairs vere de roof came down vas stuffed mit old dirty rags. Und everyvere from de ceiling vas old cobwebs und strings of dirt. Und von day ven I vas upstairs cleaning, Katy vas in de cellar und she call to me to come down, und ven I vent she vas leaning over an old barrel looking in. Und ven I looked in dat barrel—I don't know—my blood vas cold in my veins und I say, 'Katy, come away—I am scare.' For in dat barrel vas dirt und feathers und such a smell.

"Und for tree weeks ve vorked, und out of dat cellar ve took six barrels of dirt und feathers und old rags, und burned dis in de yard.

"Und it vas in dis time dot Katy took little cold und cough a little bit; for in May it vas cold und ve haff de vindows open.

"Und den ven it vas all cleaned, von day my next neighbor come to see me und she say, 'Did you know dat de people vat moved out of dis place had a boy vot had dis same sickness nine monats?' Und den, too, mine blood vas cold und I vas scare. Und I say vas de house smoked? und she say she didn't know. So I vent to all de neighbors und I say vas de house smoked? und none of dese people know. Den I go to de doctor und he say for me to go to de Healt' Office und dey vould tell me right. So I vent to de Healt' Office und de men look in tree books und he say dat de house vas not smoked.

"It vas in dis time dat Katy vas vorse. She had too

much headache und she vas all de time tired. Und I say to her, 'Katy, you mus' haff a doctor,' und she wouldn't let me. She say she would be all right in two-tree day.

"But von day ven I come home she vas sitting by de kitchen table mit her head on her arms, sleeping. Und she say to me, 'Mama, I had such a funny dream. I dreamed dat de sink vas full of vater, und den ven de vater vent away a big angel came und sat in de sink und all around dis big angel vas little angels und dey all make mit de hands for me to come.'

"So den I thought dis vas no good sign und I send for de doctor, und she not tell me right away vat de matter is but give her some medicine. But den von day she told me, und den I feel so bad for ven de house vas smoked mine girl would not be sick.

"Und now I mus' go away from dis place. I can't stand it here no more, und I mus' find a place vat is clean und many vindows for de sunshine to come in. But ven I leave dis place it vill be all clean und effery room in de house vas smoked. No von shall haff dis sickness from my girl.

"But—for me—I tink I mus' go to mine Katy. My back has so much pains und ven I breathe, it hurts me. Und all de time I see mine girl. I tink I mus' go, too."

Outside the darkness was coming early. Through driving gusts of rain I looked back at the shadowy house—the altar on which a human sacrifice was offered to the carelessness of man.

### **'Tis Sometimes Better to Rule by Fear Than Love**

There are five persons in the Solinski family, and when the nurse made her first visit they all slept in one room, and each night the windows in the room were carefully shut.

Down stairs was one unused room in which the father had died—of tuberculosis. This the nurse had fumigated and whitewashed and supplied with beds. She then told the mother that, Lena, who was tubercular, must sleep alone,

and for this purpose the room up stairs was supplied with window screens and made ready for use.

The next week when the nurse called again she found all five Solinskis still using the one room for sleeping, and Mrs. Solinski very skeptical concerning the danger of infection from tuberculosis. With patience and emphasis the nurse continued to urge her point and explain the danger and the need. The next week there was some improvement; the family had begun to spread at night—but it was the *mother* who was sleeping alone, the sick child still slept with all the other children.

At this stage it was thought necessary to ask co-operation from the Associated Charities who were supplying the Solinskis with groceries. They threatened to withdraw relief from Mrs. Solinski if she did not obey the instructions of the nurse.

This drastic discipline proved more effective than the gentle persuasion of the nurse, and from that time the sanitary condition of the family improved. Little Lena grew rapidly better. In the spring she was taken to the Tent Colony, where she has been all summer, and is now almost well.

### **A Case of Obstinacy**

Two families are living in two rooms. The father of one family has tuberculosis and there are six individuals exposed to infection from him. The nurse tried to induce the man to go to Warrensville. He refused. She urged the wife to move her family, but in vain. She appealed to the priest, who in turn used his influence, but without avail. As a last resort, the case was reported to the health officer. He went to see the family and told them they must move in one week.

The health officer has, however, no legal authority to compel tubercular people to move, no matter how great a menace their presence may be to their neighbors. The woman told the nurse she wouldn't move and no one could make her.

No one can.

### The Result of Education

John Selden had always been able to take care of his family. He had begun to pay for his home, before he contracted tuberculosis.

When the nurse came to see them she found the house clean but the family insufficiently supplied with food. Mrs. Selden was doing tailoring work at home, earning thereby a scanty income. Her husband, desperate about his condition, had become exceedingly careless in his habits. Worse than that he was morbid, and *tried* to infect his family, saying if he had tuberculosis they might as well have it too.

In this home the woman was sewing on garments which she brought back to the factory where they passed through the hands of many people before they reached the shop to



A CONVERT TO CURATIVE MEASURES.

be sold. The Special Case Committee, to whom the case was referred, decided that the woman must not sew at home and the nurse was instructed to offer her work in a factory. The man was indignant at the idea, and said he would not allow his wife to work away from home. As it was his wife and his home there seemed but one thing to do,

namely, to make his home a safe place to work in. So the nurse set about to accomplish the needed reforms.

At the International Congress on Tuberculosis, last September, a nurse reported that in three years she had been able to influence her one thousand one hundred and sixty tubercular patients to the extent of making nine of them adequately careful. It is not strange, therefore, that our nurse began her campaign of education without perfect confidence of success. Mr. Selden, however, proved to be one of her nine. A tent was supplied to him, his regular attendance at the dispensary insisted on and obtained, and his habits began to improve so markedly that the nurse was soon able to tell the committee that Mrs. Selden might work at home with safety.

The patient grew steadily better. He was given a note book which he kept faithfully, proud of his good record. The nurse began her visits to the Selden family last October. In August Mr. Selden was able to work at outside painting, and he is now planning to sell his house and move into the country.

### **The Girl Baby**

The Spinelli family had been here but a few months. Theirs was a grief-stricken household. Their fifth child had been born that day, *and it was a girl*.

The father stood with downcast face and shook his head. The mother drew her baby closer to her while a tear rolled down her cheek. The nurse was at a loss how to dispel the gloom. Just then one of the neighbors came in. "Oh, things are different in America," she said, "a daughter isn't the misfortune here that she is in Italy"—and the despairing parents were comforted.

### **"Our Nurse"**

From tower to basement the Educational Alliance was ablaze with lights, and out along the curbing the glowing eyes of many automobiles pierced the soft September dark-

ness, while, continually, from street to wide-flung door a stream of people passed.

For this was the night when a dream had come true and a big Settlement House was to be dedicated.

Just outside the path of light where the friendly shadows hid them and yet enabled them to see, two children, little waifs of the street, ragged and unkept with dirt-stained fingers, stood watching with fascinated eyes.

They could not know that this place was for them, that these people had gathered together in order that the latent possibilities in such as they might be made to blossom. But they loved the brilliancy, the soft swish of silk, the gleam of jewels. And they kept a furtive eye on the big policeman with the glittering star on his breast, wondering how so many people could pass him and not be afraid.

Suddenly they singled out one person from the passers-by and stared at first with incredulous amazement and then with joyful recognition. True, she wore something lacy and shimmering, with pretty beads around her throat and beautiful roses in her hat, instead of a blue dress with a white cross on her sleeve. But they knew her just the same, and with one accord they rushed out into the midst of the crowd and threw their arms around her.

"Why, this is *our nurse!*" they said to each other, still half wondering, and then, loudly as though defying people to disbelieve them. This is *our nurse!* This is *our nurse!*"

They watched her until she had mounted the steps and was lost in the well of light beyond, and then they went back to the shadows. But in their eyes was no longer any sense of separation, for some one who belonged to them had passed in through that door and where she had gone they, too, might go if they would.

### **A Collection of Light Work for a Convalescent**

Mr. Jansen had been dismissed from Warrensville well enough to do "light work." It is always difficult, generally impossible, to find the kind of work that convalescent tubercular patients can do without injury to their health, and the

Special Case Committee put forward its best efforts in this case, particularly important because it concerned the regeneration of a family.

At the next meeting the committee was obliged, however, to acknowledge its failure to find the desired employment. But Mr. Jansen had solved the problem for himself, and though the solution presented certain incongruities to the sophisticated mind of the committee, it was entirely satisfactory to him.

He was refinishing pianos, caring for his employer's chickens and helping his employer's wife to make creams and salves, which he assured the nurse were being "sent all over the country."

### **The Ignorance of the Uneducated**

Sometimes the nurse meets evidences of the spread of knowledge concerning the contagious nature of tuberculosis; more often, alas, she meets with the densest ignorance on the subject.

One patient, in an advanced stage, dismissed the nurse and doctor summarily, requesting them never to come again, because his own doctor had said he "couldn't have tuberculosis, as there is no such thing."

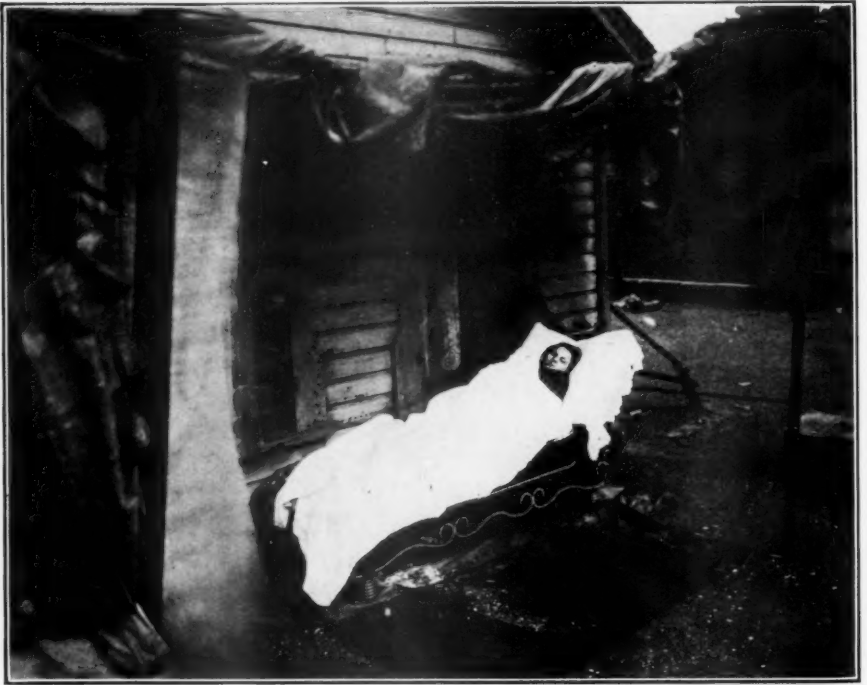
To counterbalance this, another family was obliged to move, because the people living down stairs in their house were worried about having a tuberculosis patient near.

In another case the landlady became alarmed when a window tent was put up for her tenant. She said she did not wish her house to be used as a hospital, and insisted on her tenants moving elsewhere. Strangely enough, however, she refused to allow the window tent to be taken down until compelled to do so. Her reason for thus clinging to the mark of a "hospital" on her house remains a mystery.

Another woman, an Italian, when warned that her boarder was tuberculous, very careless in her habits, and a menace to herself and her three children, refused to send the boarder away. She said, "My husband goes out nights and I'm not so much afraid of the sickness as I am of being alone."

### A Bedroom on the Roof

She was so young, and in spite of poverty she had so much to live for! But she did not rally, and each day only saw her weaker and whiter. Pernicious anaemia set in. The room was hot and oppressive, for it was August. The doctor shook his head. "If only we could get her into the air, but she is too weak," he said.



"How about this flat roof, doctor?" said the Visiting Nurse. "I could easily fix a place for her there."

No sooner said than done. With swift hands and a knowledge born of long experience the nurse quickly improvised a roof bed room. With the husband's aid a slight frame-work was put up; some old awnings were procured, and stretched over it. The sofa was brought out; a rug thrown down—and in less time than could be imagined a comfortable place was arranged for the patient.

That was seven weeks ago and she has practically lived on the roof ever since. She is now able to walk back and forth to her sofa every day. The color is coming back into her cheeks and the doctor says that in a short time she will once more be able to take up her life.

### **The Personal Equation**

Sometimes it is the personal equation that blocks the work of the nurse and renders all effort futile.

Little Ethel, seven years old, has tuberculosis; a curable case, the doctor says, under the right treatment.

She is a pale, tired little girl, who sits holding her doll, and never romps or plays.

The nurse had been visiting her family all winter, caring for Ethel as best she could in the damp sunless rooms of her home. In the summer Ethel was to be taken to the Tent Colony, so it was planned, and the nurse believed the little patient would be returned to her mother in the fall entirely well.

The family were so devoted to the nurse, who had faithfully visited them for months, that they named the new baby for her, and the mother said the nurse was her best friend. The mother was Mrs. Robinson. She is the personal equation.

The Tent Colony was ready to receive Ethel. Mrs. Robinson and all the family had been taken to see it, and Mrs. Robinson thought it was a "real nice place." But she refused to allow her child to go. It was "mother love," she said, that made the separation impossible. The nurse's pleading was met with a steady refusal, and Mrs. Robinson finally closed all argument with the statement that the nurse couldn't possibly understand "mother love" because she "had not been married even," although she *was* "the family's best friend and had done a lot for them."

The nurse appealed to the Special Case Committee for assistance in combating this unanswerable argument. The committee sent one of its members, who happened to be a real mother, to visit Mrs. Robinson and persuade her to

give Ethel the one chance for recovery. It wasn't possible to see Ethel sitting in the damp, evil smelling room of her home without wanting to do one's utmost to send her into the sunshine of the Tent Colony, and the real mother made five visits to Mrs. Robinson in the hope of explaining to her the true quality of mother-love. She said at last that she did understand. "I *could* part with my child. I *could* do it for her good," she finally admitted, but, "I am so afraid she will catch some children's disease out there at camp. I've buried three children of those diseases. I never lost a child of tuberculosis and somehow I'm not afraid of that."

This was Mrs. Robinson's final decision. Nothing could move her, and the nurse sadly relinquished the place that was being held for Ethel at the Tent Colony.

Besides the baby named for the nurse there is a little boy to be daily exposed to infection from their sister. That was in June. Ethel has been at home all summer. She has grown paler and more tired, and she never plays. But she has not contracted any children's disease.

## Staff of Nurses

Main Office, 501 St. Clair Avenue  
 Telephones, Main 2175—Central 3602  
 Miss Matilda L. Johnson, Superintendent  
 Miss Hanna Buchanan, Registrar  
 Miss Katherine Sullivan, Office Secretary

### In District Stations

Miss Frances Brown.....	{ Alta House
(Miss Cora Templeton, Vacation Substitute)	{ Mayfield Road
	{ Doan 1537
Miss Mary Curtis.....	{ Tielke's Pharmacy
	{ 3800 Detroit Avenue
	{ West 303, Central 4268.
Miss Mary E. Galloway.....	{ Goodrich House
	{ 612 St. Clair Avenue
	{ Main 3716, Central 4657
Mrs. Lucy James.....	{ 3322 Central Avenue
	{ North 163-X
Miss Charlotte Ludwig {	Pilgrim Church
	W. 14th Street and Starkweather Avenue
	South 184 J.
Miss Elsie McDowell.....	{ Hechler's Pharmacy
	{ 5496 Broadway, S. E.
	{ Broad 314, Union 573
Miss Mildred Palmer.....	{ 3754 Woodland Avenue
	{ Council Educational Alliance
	{ East 973, Central 4226
Miss Anna Robinson .....	{ Central Friendly Inn
	{ Central and Broadway
	{ North 173, Central 4464-R
Miss Cassie Salisbury.....	{ Tielke's Pharmacy
	{ 3800 Detroit Avenue
	{ West 303, Central 4268
Miss Blanche Swainhardt.....	{ Hiram House
	{ 2723 Orange Avenue
	{ North 732-J, Central 128

## In Social Dispensaries

Miss Mathilde Hofstadter.....	{	Tuberculosis Dispensary
Miss Sarah Stevens.....		Western Reserve Medical College
Miss Margaret Trojan..		St. Clair Avenue and E. 9th Street
Miss Edna L. Tuttle...		Main 1477, Central 5461 W
*Special Case Committee Work		
Miss Jane Grant.....	{	Lakeside Hospital
(Miss Gertrude Barnes, substitute)		Rainbow Cottage and Cripple Nurse
		North 580, Central 5954
Miss Helen Bever.....	{	Babies' Dispensary and Hospital
Miss Florence Dark.....		2500 E. 35th Street
Miss Harriet L. Leet.....		North 410, Central 6939 L
Miss Agnes Sutherland.....		
Miss Mary E. Hogan.....	{	Cleveland Maternity Dispensary
		St. Clair Hospital
		4422 St. Clair Avenue East 22, Central 1734
Miss Grace Bentley.....	{	Factory Nurse
		Cleveland Hardware Company
		East 386, Central 2414
Miss Alice Ranney.....	{	Lakeside Hospital Nurse
		Lakeside Hospital
		North 580, Central 5954
Miss Jessie Lambert....	{	Western Reserve Maternity Dispensary
		Lakeside Hospital
		North 580, Central 5954
Miss Effie B. Doverspike.....	{	Board of Health
Miss C. Louise Leberman.....		Contagious Disease Nurses
		Main 56, Central 1
Miss Alice I. Conners.....	{	Board of Education
Miss Grace B. Cook.....		School Nurses
Miss Rose M. Foster.....		
Miss Lota Lorimer.....		Main 659, Erie 150.
Miss Helen I. MacRoberts.....		

# QUARTERLY REPORT

OF

## The Visiting Nurse Association of Cleveland

The work of the Association during the summer months has been so admirably summed up in the report presented to the Board of Trustees by the superintendent of nurses, Miss Johnson, that we cannot do better than quote it in full. Miss Johnson says:

"In making a report of the summer's work, it is with a feeling of gratitude for the many opportunities that have been given us and for the confidence and good will that have been shown the nurses' efforts from all sides. Again we were called upon to furnish two nurses to investigate the homes of all children who were sent on outings, whether at fresh air camp or country homes. This was the third year, Visiting Nurses have been connected with the fresh air work in the city. Much of the strain and uncertainty of long hours for the nurse has been gradually lessened by a carefully worked-out system. The parents and children are much more ready to do their part and less visiting is needed to persuade parents and actually to get ready the children who should go. The mothers' camp on the grounds of the Fresh Air Camp, was under the special care of a Visiting Nurse who knew the people in their homes, knew their many needs for better knowledge of the fundamental principles of right living, and who was able to give this instruction in this model camp.

The work was largely experimental this year, the capacity of the camp being limited to six mothers each with two children under five, one to be a baby under 15 months of age. I can assure you that not one of the least difficult things we were responsible for, was the selection of mothers who

were intelligent enough to profit by this instruction and who had only the two children under five. Every detail was thought out, even to furnishing the mothers with clothing, neat looking wrappers and aprons. Each family had a separate little tent house of one room furnished with single white iron bed, crib, bureau and chairs. Eight of these little buildings were arranged in a semi-circle, one for the use of the nurse and one containing kitchen and dining room perfectly equipped, with a partition off from it for wash-room. The work was divided among the mothers, one doing the cooking, while another set the table, others doing up the work, washing dishes, etc. All mothers seemed to be happy and grateful. A little later it will be interesting to visit in the homes of these same families and see if the instruction given, will be applied to the more intelligent care of the home.

Two Visiting Nurses were engaged by the Board of Education to continue their work in the vacation schools. Miss MacRoberts, having had the longest experience, was put in charge of this work, with Miss Lorimer as assistant. They had twelve schools under their supervision. In some of these schools perhaps not more than 200 children were enrolled as this course is not at all obligatory. However, the work was very satisfactory as it gave an opportunity to explain to teachers and principals the object and advantages of school medical inspection.

The work in the districts was very much interrupted this summer by vacations of nurses on the regular staff, also the demand upon us to serve other organizations for short term periods, such as the outing nurses, mothers' camp, vacation schools and vacations of nurses who serve other organizations. These places all demand and require our best equipped workers. Then too, in summer, private duty nurses who could be prevailed upon to substitute in the emergency are either busy or away during this season. Consequently, there were days that the districts were very crippled. We passed over this period safely and found ourselves surfeited with nurses at the end of a very strenuous season. For summer we carried eight extra nurses. October finds us back to

our normal life with an increased staff of school nurses, five instead of three. In September, shortly after the opening of the new building of the Council Educational Alliance on 37th street and Woodland avenue, through the courtesy of its board of managers we opened a new station to be called the Council District. This station will be in a very thickly populated centre of Jewish people and we are most fortunate in this, our new relationship, and hope it may lead to a more perfect and useful understanding of these people and this neighborhood. Miss Mildred Palmer is the nurse who has been installed at this new station. Since she has been with us, she has worked in the neighborhood with the Hiram House nurse. The opening of this new station and the district that would belong to this settlement, has necessitated changing the boundary of Hiram House district. Hiram House District will now extend to and include 25th street, the small strip between 25th street and 27th street to Euclid from Woodland, and east to the city limits. North and south between Woodland and Kinsman road.

In the Alta House District where one of the four branch dispensaries of the Babies' Dispensary was in operation, our district nurse, Miss Brown, was in charge. This dispensary met a long felt need in this little crowded neighborhood and the nurse has been kept very busy. Assistance was given to Miss Brown for four days in the week when a nurse from the Babies' Dispensary came out, but the people have learned to love their nurse and look to her in their need as the first one to give them help. This branch dispensary will continue this winter with two mornings a week.

During the summer we have had several nurses visit us and study our systems in the various departments. Miss Mead, of Akron, who had been selected by the managers of the Mary Day Nursery to do Visiting Nurse work in Akron, spent two weeks going about with the nurses. She took some cases in a district, wrote out histories, and reported upon the same. One nurse sent from the Detroit Association, was here for two weeks to make a special study of the Babies' Dispensary. She was soon reinforced by an-

other member of the staff of the Detroit Association who came voluntarily and during her vacation time.

We have had day visits from nurses in Buffalo and Toledo. In Toledo the association has taken new life, and is growing rapidly. It is to have a nurse registrar, and the nurse while here studied our system of records carefully."

#### STATISTICAL REPORT FOR THREE MONTHS

July, August, September, 1909

	PATIENTS	VISITS
In Districts .....	914	6,925
Babies' Dispensary .....	743	2,515
Branch Dispensaries, Babies' Dispensary .....	207	2,806
Tuberculosis Dispensary .....	341	1,863
Western Reserve Maternity Dispensary .....	58	785
Cleveland Maternity Dispensary .....	37	538
Rainbow Cottage and Cripple .....	148	575
Factory Nurse .....	59	442
Lakeside Dispensary .....	132	381
Contagious Nurses (September only) .....		100
*School Nurses (Summer Schools) .....		259
Total .....	2,639	17,239

\*NOTE. The School Nurses gave 3,592 inspections in the schools.

#### REPORT FROM DISTRICT NURSES

July, August, September, 1909

Total Old Patients carried on .....	373
Total New Patients .....	541
Total Patients Died .....	21
Total Patients sent to Hospitals .....	45
Total Patients to whom Doctors were sent .....	69
Total Visits in Homes .....	5,931
Working Visits .....	2,904
Instructive Visits .....	2,523
Friendly Visits .....	504
Total Miscellaneous Visits .....	994
Number of Cases Reported to Associated Charities .....	45
Number of Cases Reported to Board of Health .....	16
Number of Cases Reported to Fresh Air Camp .....	235
Number of Cases Reported to Hebrew Relief .....	1
Number of Cases Reported to Humane Society .....	1
Number of Cases Reported to Juvenile Court .....	1
Number of Cases Reported to Infirmary Office .....	2

Number of Cases Reported to Police Department .....	1
Number of Cases Reported to Probate Court .....	4
Number of Cases Reported to Tuberculosis Dispensary .....	30
Number of Cases Reported to Babies' Dispensary .....	79
Number of Cases Reported to Maternity Dispensary .....	13
Number of Cases Reported to Hospital Dispensary .....	72
Total Number of Treatments given at Stations.....	1,331

This important announcement appeared in the daily paper after the Quarterly had gone to press:

**TO ASK VOTERS FOR \$300,000.**

**New Tuberculosis Group at Warrensville  
Wanted by City.**

Director of Public Safety Cooley announced that he would seek to have the people authorize the issuance of \$300,000 worth of city bonds to pay for a new tuberculosis group at Warrensville. He said the proposition probably would not be submitted to the voters before January 1.

"Tuberculosis is the greatest danger we have to contend with," said Dr. Cooley. "One-tenth of all the deaths in the city are due to it. It is ever present, and attacks even the strongest. If it was an army that threatened such dangers to the city we would spend for defense not \$300,000, but \$30,000,000. If the people knew the true situation they would pass such an issue."

Dr. Cooley said no other proposition would be submitted to a vote at the time the tuberculosis issue came up, as the administration desired this to stand on its own merits.

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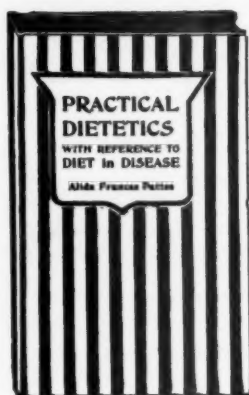
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